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CONFIRMATION NO. 2504

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/756,625	01/13/2004	604	3763	1917 DIV	
<b>RULE</b>					
<b>APPLICANTS</b> James F. McGuckin JR., Radnor, PA; Stephan A. DeFonzo, Wayne, PA; Alim S. Alli, North Haven, CT; Peter W.J. Hinchliffe, Downingtown, PA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/081,695 02/22/2002 PAT 6,905,480 which claims benefit of 60/348,301 11/07/2001 and claims benefit of 60/272,119 02/28/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>MFD</i> Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 23	TOTAL CLAIMS <del>28</del> 12	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> NEIL D. GERSHON REX MEDICAL 1011 High Ridge Rd. STAMFORD, CT06905					
<b>TITLE</b> Method for delivering ablation fluid to treat lesions					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		